



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.
Columbus, Ohio 43266-0149
(614) 644-3020
FAX (614) 644-2329

RECEIVED
WMD-RCRA
RECORD CENTER

JUN 07 1993

George V. Voinovich
Governor

Donald R. Schregardus
Director

May 21, 1993

UCAR Carbon Co., Inc.
Attn: Edwin Frye
P.O. Box 6087
Cleveland, OH 44101

RE: EPA ID#: **OHD004167383**

LOCATION of INSTALLATION: 11709 Madison Ave
Cleveland, OH 44107

In response to your request of March 1993 the following information has been updated:

Name: UCAR Carbon Co Inc
(formerly listed as Union Carbide Corp Carbon Products Div)

Phone: (216)529-3709

Added waste codes: D018, D039

Deleted waste codes: D000, D001, D002, D003, F001, F002, F003, F004, F005, U002,
U037, U044, U122, U124, U125, U131, U154, U159, U188, U210,
U220, U226, U228, U239

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office





UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY

REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

MAY 5 1982
Gordon Roberts
Union Carbide Corp Carbon Products Div.
P. O. Box 6087
Cleveland, Ohio 44101

RE: Interim Status Acknowledgement USEPA ID No. OHD004167383
FACILITY NAME: Union Carbide Corp Carbon Products Div

Dear Mr. Roberts:


This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: R. G. Russel, Vice President, Gen. Mgr.

DS/4/82
5/1



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD004167363

REACKNOWLEDGEMENT

UNION CARBIDE CORP CARBON PRODUCTS DIV
PO BOX 6087
CLEVELAND OH 44101

INSTALLATION ADDRESS

11709 MADISON AVE
CLEVELAND

OH 44107

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 4 23 - 26	5 F 0 0 5 23 - 26	6 F 0 1 7 23 - 26
7 F 0 1 8 23 - 26	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 2 2 8 23 - 26	32 U 2 3 9 23 - 26	33 P 0 9 0 23 - 26	34 U 0 0 2 23 - 26	35 U 0 1 3 23 - 26	36 U 0 3 7 23 - 26
37 U 0 4 4 23 - 26	38 U 1 2 2 23 - 26	39 U 1 2 4 23 - 26	40 U 1 2 5 23 - 26	41 U 1 3 1 23 - 26	42 U 1 5 4 23 - 26
43 U 1 5 9 23 - 26	44 U 1 8 8 23 - 26	45 U 2 1 0 23 - 26	46 U 2 2 0 23 - 26	47 U 2 2 6 23 - 26	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

T.E. Smith

NAME & OFFICIAL TITLE (type or print)

T.E. Smith, Plant Manager

DATE SIGNED

8/12/80



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I. INSTALLATION'S EPA I.D. NO.
II. NAME OF INSTALLATION
III. INSTALLATION MAILING ADDRESS
IV. LOCATION OF INSTALLATION

040004167383
Change Contact 9-21-81 SP
PLEASE PLACE LABEL IN THIS SPACE
000364 AUG 22 81

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER **APPROVED** **DATE RECEIVED (yr., mo., & day)**
040004167383 **A** **800818**

I. NAME OF INSTALLATION
UNION CARBIDE CORP - CARBON PRODUCTS DIV

II. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX
3 P O BOX 6087
CITY OR TOWN **ST.** **ZIP CODE**
4 CLEVELAND **OH** **44101**

III. LOCATION OF INSTALLATION
STREET OR ROUTE NUMBER
5 11709 Madison Avenue
CITY OR TOWN **ST.** **ZIP CODE**
6 LAKEWOOD **OH** **44107**

IV. INSTALLATION CONTACT
NAME AND TITLE (last, first, & job title) **PHONE NO. (area code & no.)**
2 ALLISON LEE CHIEF PLT ENGINEER **216-226-2824**

V. OWNERSHIP
A. NAME OF INSTALLATION'S LEGAL OWNER
8 UNION CARBIDE CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box) **VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))**
F = FEDERAL **M** **A. GENERATION** **B. TRANSPORTATION (complete item VII)**
M = NON-FEDERAL **C. TREAT/STORE/DISPOSE** **D. UNDERGROUND INJECTION**

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))
A. AIR **B. RAIL** **C. HIGHWAY** **D. WATER** **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.
A. FIRST NOTIFICATION **B. SUBSEQUENT NOTIFICATION (complete item C)**
C. INSTALLATION'S EPA I.D. NO.
040004167383

IX. DESCRIPTION OF HAZARDOUS WASTES
Please go to the reverse of this form and provide the requested information.

UNION
CARBIDE

UNION CARBIDE CORPORATION
CARBON PRODUCTS DIVISION

11709 MADISON AVENUE, CLEVELAND, OHIO 44107

• TELEPHONE: 216-226-2624

ADDRESS REPLY TO:
P.O. BOX 6087
CLEVELAND, OH 44101

12/07/88

Ms. Mary Villarreal
5HS-13, U.S. EPA, Region 5
Waste Management Division
230 South Dearborn Street
Chicago, ILL 60604

DEC 13 1988

U. S. EPA, REGION V
SWB - PMS

Re: Transfer of RCRA PART A Permit from Union
Carbide Corporation To A Wholly Owned Subsidiary

Dear Ms. Villarreal:

Union Carbide Corporation (Union Carbide) intends to transfer the assets of its Factory 'A', 11709 Madison Avenue, Lakewood, Ohio, facility, EPA ID No. OHD004167383, to a wholly-owned subsidiary, UCAR Carbon Company Inc., on or about January 1, 1989. This transfer is part of a corporate realignment involving virtually no change in operations or management of the Lakewood, Ohio, facility. However, since the facility will be operated under a new corporate name, we request that your agency undertake and complete the appropriate transfer of the following Ohio Permit, No. 02-18-0132, as soon as practicable. UCAR Carbon Company Inc. will be responsible for permit liability upon and after the date of the transfer.

We have assumed that the facility may continue to operate under the current Hazardous Waste Permit pending completion of the transfer. If this understanding is incorrect, or if the information herein should be submitted to another party, please notify the undersigned.

Very truly yours,

R.C. Stamm.

R. C. Stamm
Site Mgr.- Admin. Svcs.



UNION CARBIDE CORPORATION
CARBON PRODUCTS DIVISION

11709 MADISON AVENUE, CLEVELAND, OHIO 44107
• TELEPHONE: 216-226-2824

ADDRESS REPLY TO:
P.O. BOX 6087
CLEVELAND, OH 44101

RECEIVED
OCT 4 1988
OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

September 27, 1988

Ms. Francine Norling
USEPA, Region 5
230 South Dearborn St.
Chicago, Illinois 60604

RE: Part B Call-in
Part A Withdrawal

Dear Ms. Norling:

This letter will confirm our telephone conversation of 9/20/88 regarding the Union Carbide facility located in Lakewood, Ohio, EPA ID No. OHD004167383.

As you were advised, this facility intends to withdraw from interim status and not pursue a full RCRA Permit. In the time since acquiring our Part A, this facility has only stored hazardous wastes prior to shipment, and has not performed any treatment or disposal activities. We have, however, experienced waste storage in excess of 90 days.

As we discussed, the reason for my call was to obtain direction on the appropriate course of action Union Carbide must take to satisfy and US and Ohio EPA requirements for withdrawal. You advised me that we must submit a full detailed Closure Plan to both agencies. This requirement is much more extensive than what our facility had surmised. In order to submit a quality Closure Plan to the agencies, you further advised that I submit a letter to request a filing date extension. This letter will serve as that request.

Our approach for a Closure Plan will be to contract the work out to a consultant. My investigation of the required lead time to bid the work, select a vendor, and prepare the Closure Plan for agency submittal is 3 months. Union Carbide therefore requests a 3 month extension to our filing deadline - from October 15, 1988 to January 15, 1989.

Please advise me of the EPA's response to this request and pass our intentions on to your appropriate agency personnel.

Yours truly,

Nyle R. Hillson
Environmental Coordinator

ATTACHMENT I

UNION CARBIDE CORPORATION
Carbon Products Division
11709 Madison Avenue
P. O. Box 6087
Cleveland, Ohio 44101

EPA I.D. NUMBER: OHD004167383

The following processes have been issued a Permit to Operate an Air Contaminant Source by the Ohio EPA:

<u>PROCESS</u>	<u>APPLICATION NUMBER</u>
1. GRAFOIL Forming Line	1318281215P001
2. KARBATE Machining	1318281215P002
3. Paint Spray Booth	1318281215P003
4. Boron Nitride Machining	1318281215P004
5. Boron Nitride Five Process	1318281215P006
6. Induction Furnace - HCP Powder	1318281215P007
7. Filter Line (Process Discontinued)	1318281215P008
8. KARBATE Curing Oven	1318281215P009
9. Detrex Degreaser	1318281215P010

The following processes have been issued Registration Status:

<u>PROCESS</u>	<u>APPLICATION NUMBER</u>
1. Pyrolytic Machining	1318281215R003
2. Boiler #1	1318281215B001
3. Boiler #2	1318281215B002
4. Boiler #3	1318281215B003
5. Boiler #4	1318281215B004
6. Boiler #5	1318281215B005
7. Boiler #6	1318281215B006
8. Boiler #7	1318281215B007
9. Boiler #8	1318281215B008
10. Pyrolytic Furnace Room	1318281215R005



UNION CARBIDE CORPORATION 11709 MADISON AVENUE, CLEVELAND, OHIO 44107
CARBON PRODUCTS DIVISION © TELEPHONE: 216 226-2824

ADDRESS REPLY TO:
P.O. BOX 6087
CLEVELAND, OH 44101

United States Environmental
Protection Agency
Region V
RCRA Activities
P.O. Box A3587
Chicago, IL 60690

11/07/85

Dear Sir:

The contact for RCRA activities at our location has changed from:
Mr. Gordon Roberts, Chief Plant Engineer, to: Mr. Edwin E. Frye, Chief
Plant Engineer.

If you would make this change to your mailing list, we would be most
appreciative. Our location ID Number is: OHD004167383. *G, TSD, PA*

Sincerely,

ar

R. E. Neel

*contact changed
11/19/85 gjh*

RECEIVED

NOV 12 1985

U.S. EPA, REGION V

210

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">F</td><td style="width:10%;">O</td><td style="width:10%;">H</td><td style="width:10%;">D</td><td style="width:10%;">0</td><td style="width:10%;">4</td><td style="width:10%;">1</td><td style="width:10%;">6</td><td style="width:10%;">7</td><td style="width:10%;">3</td><td style="width:10%;">8</td><td style="width:10%;">3</td><td style="width:10%;">D</td> </tr> </table>	F	O	H	D	0	4	1	6	7	3	8	3	D																																									
F	O	H	D	0	4	1	6	7	3	8	3	D																																												
II. POLLUTANT CHARACTERISTICS <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK "X"</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK "X"</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td>X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td>X</td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>		SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X		C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X		E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X		G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X		I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"																																																			
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED																																																	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X																																																		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X																																																		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X																																																		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X																																																		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X																																																		

III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:5%;">1</td> <td style="width:5%;">SKIP</td> <td style="width:5%;">U</td> <td style="width:5%;">N</td> <td style="width:5%;">I</td> <td style="width:5%;">O</td> <td style="width:5%;">N</td> <td style="width:5%;">C</td> <td style="width:5%;">A</td> <td style="width:5%;">R</td> <td style="width:5%;">B</td> <td style="width:5%;">I</td> <td style="width:5%;">D</td> <td style="width:5%;">E</td> <td style="width:5%;">C</td> <td style="width:5%;">O</td> <td style="width:5%;">R</td> <td style="width:5%;">P</td> <td style="width:5%;">-</td> <td style="width:5%;">C</td> <td style="width:5%;">A</td> <td style="width:5%;">R</td> <td style="width:5%;">B</td> <td style="width:5%;">O</td> <td style="width:5%;">N</td> <td style="width:5%;">P</td> <td style="width:5%;">R</td> <td style="width:5%;">O</td> <td style="width:5%;">D</td> <td style="width:5%;">U</td> <td style="width:5%;">C</td> <td style="width:5%;">T</td> <td style="width:5%;">S</td> <td style="width:5%;">D</td> <td style="width:5%;">I</td> <td style="width:5%;">V</td> </tr> </table>										C	1	SKIP	U	N	I	O	N	C	A	R	B	I	D	E	C	O	R	P	-	C	A	R	B	O	N	P	R	O	D	U	C	T	S	D	I	V																																																																																																																	
C	1	SKIP	U	N	I	O	N	C	A	R	B	I	D	E	C	O	R	P	-	C	A	R	B	O	N	P	R	O	D	U	C	T	S	D	I	V																																																																																																																											
IV. FACILITY CONTACT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="15">A. NAME & TITLE (last, first, & title)</td> <td colspan="15">B. PHONE (area code & no.)</td> </tr> <tr> <td colspan="15">C. ROBERTS GORDON</td> <td colspan="15">2.16 2.26 2.82.4</td> </tr> <tr> <td colspan="15">2. FRYE EDWIN ASST. CHIEF PLT. ENG.</td> <td colspan="15"></td> </tr> </table>										A. NAME & TITLE (last, first, & title)															B. PHONE (area code & no.)															C. ROBERTS GORDON															2.16 2.26 2.82.4															2. FRYE EDWIN ASST. CHIEF PLT. ENG.																																																																																									
A. NAME & TITLE (last, first, & title)															B. PHONE (area code & no.)																																																																																																																																																
C. ROBERTS GORDON															2.16 2.26 2.82.4																																																																																																																																																
2. FRYE EDWIN ASST. CHIEF PLT. ENG.																																																																																																																																																															
V. FACILITY MAILING ADDRESS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="25">A. STREET OR P.O. BOX</td> </tr> <tr> <td colspan="25">3 P. O. BOX 6087</td> </tr> <tr> <td colspan="25">B. CITY OR TOWN</td> </tr> <tr> <td colspan="25">4 CLEVELAND</td> </tr> <tr> <td colspan="10">C. STATE</td> <td colspan="15">D. ZIP CODE</td> </tr> <tr> <td colspan="10">OH</td> <td colspan="15">44191</td> </tr> </table>										A. STREET OR P.O. BOX																									3 P. O. BOX 6087																									B. CITY OR TOWN																									4 CLEVELAND																									C. STATE										D. ZIP CODE															OH										44191														
A. STREET OR P.O. BOX																																																																																																																																																															
3 P. O. BOX 6087																																																																																																																																																															
B. CITY OR TOWN																																																																																																																																																															
4 CLEVELAND																																																																																																																																																															
C. STATE										D. ZIP CODE																																																																																																																																																					
OH										44191																																																																																																																																																					
VI. FACILITY LOCATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="25">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> </tr> <tr> <td colspan="25">5 11709 MADISON AVE.</td> </tr> <tr> <td colspan="25">B. COUNTY NAME</td> </tr> <tr> <td colspan="25">CUYAHOGA</td> </tr> <tr> <td colspan="10">C. CITY OR TOWN</td> <td colspan="5">D. STATE</td> <td colspan="5">E. ZIP CODE</td> <td colspan="5">F. COUNTY CODE (if known)</td> </tr> <tr> <td colspan="10">6 CLEVELAND</td> <td colspan="5">OH</td> <td colspan="5">4417</td> <td colspan="5">035</td> </tr> </table>										A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																									5 11709 MADISON AVE.																									B. COUNTY NAME																									CUYAHOGA																									C. CITY OR TOWN										D. STATE					E. ZIP CODE					F. COUNTY CODE (if known)					6 CLEVELAND										OH					4417					035				
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																																																																																																																																															
5 11709 MADISON AVE.																																																																																																																																																															
B. COUNTY NAME																																																																																																																																																															
CUYAHOGA																																																																																																																																																															
C. CITY OR TOWN										D. STATE					E. ZIP CODE					F. COUNTY CODE (if known)																																																																																																																																											
6 CLEVELAND										OH					4417					035																																																																																																																																											

NOV 18 1980

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 3 6 2 4 (specify) GRAPHITE HEAT EXCHANGERS & PARTS										7 3 2 9 3 (specify) GRAPHITE SHEET, PACKINGS & GASKETS									
C. THIRD										D. FOURTH									
7 3 6 2 9 (specify) BORON NITRIDE LABWARE, SHAPES & POWDERS										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
8 UNION CARBIDE CORP. CARBON PRODUCTS DIV.										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL	M = PUBLIC (other than federal or state)	P (specify)	D. PHONE (area code & no.)	
S = STATE	O = OTHER (specify)		2 1 6	2 2 6 2 8 2 4
P = PRIVATE				

E. STREET OR P.O. BOX

P O BOX 6 8 7

F. CITY OR TOWN

B CLEVELAND	G. STATE	H. ZIP CODE	IX. INDIAN LAND	
	OH	4 4 1 0 1	Is the facility located on Indian lands?	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N N A										9 P N A									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U N A										9 Z (specify) SEE ATTACHMENT I									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R N A										9 (specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, river, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This manufacturing plant produces: Graphite Heat Exchangers and Parts, Graphite Packing and Gaskets, Boron Nitride Labware, Shapes and Powders.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
R. G. Russel Vice President & General Manager		<i>R. G. Russel</i>		11/17/80	

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--

FORM 1
RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F	O	H	D	/	4	1	6	7	3	8	3	2	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr, mo., & day)	COMMENTS
23	24	29

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	2	11

FOR NEW FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	1,500	G		7				
2	S 0 1	7,150	G		8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
<div style="display: flex; justify-content: space-between;"> S W 0 H D 0 0 4 1 6 7 3 8 3 </div> <div style="display: flex; justify-content: space-between;"> T/A C 3 1 </div>													<div style="display: flex; justify-content: space-between;"> S W </div> <div style="display: flex; justify-content: space-between;"> T/A C 3 2 </div>												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
23	25	27	35	36	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29													
1	F 00	2,000,000	P	S 0 1																					
2	F 00	500,000	P	S 0 1																					
3	F 00	3,600,000	P	S 0 1																					
4	F 00	13,000,000	P	S 0 1																					
5	F 01	1,500,000	P	S 0 1																					
6	F 01	8,000,000	P	S 0 1																					
7	U 03	1,000,000	P	S 0 1																					
8	U 12	1,000,000	P	S 0 1																					
9	U 12	600,000	P	S 0 1																					
10	U 13	1,000,000	P	S 0 1																					
11	U 21	1,000,000	P	S 0 1																					
12	U 22	600,000	P	S 0 1																					
13	D 00	12,000,000	P	S 0 2																					
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	O	H	D	0	0	4	1	6	7	3	8	3	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

F6A/55

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, seconds)

LONGITUDE (degrees, minutes, seconds)

4	1	2	8	0	3	3
55	56	57	58	59	60	61

0	8	1	4	6	0	1	6
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

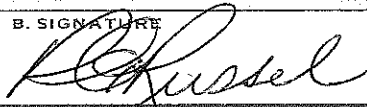
1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE									
F															G																													
15 16															45 15 16															40 41 42					47 48 49 50 51									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) R. G. Russel Vice President & General Manager	B. SIGNATURE 	C. DATE SIGNED 11/17/80
---	---	----------------------------

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	3	6	2	4	(specify) GRAPHITE HEAT EXCHANGERS & PARTS	7	3	2	9	3	(specify) GRAPHITE SHEET, PACKINGS & GASKETS								
C. THIRD										D. FOURTH									
7	3	6	2	9	(specify) BORON NITRIDE LABWARE, SHAPES & POWDERS	7					(specify)								

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																													
8	U	N	I	O	N	C	A	R	B	I	D	E	C	O	R	P	.	C	A	R	B	O	N	P	R	O	D	U	C	T	S	D	I	V	.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										A 2 1 6 2 2 6 2 8 2 4									
E. STREET OR P.O. BOX										P O BOX 6 8 7																													
F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B C L E V E L A N D										O H										4 4 1 8 1										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)										
9	N									9	P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)										
9	U									9	Z									(specify) SEE ATTACHMENT I
C. RCRA (Hazardous Wastes)										E. OTHER (specify)										
9	R									9										(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This manufacturing plant produces: Graphite Heat Exchangers and Parts, Graphite Packing and Gaskets, Boron Nitride Labware, Shapes and Powders.

F9A/51

XIII. CERTIFICATION (see Instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
R. G. Russel Vice President & General Manager										<i>R. G. Russel</i>										11/17/80									

COMMENTS FOR OFFICIAL USE ONLY

C									
---	--	--	--	--	--	--	--	--	--

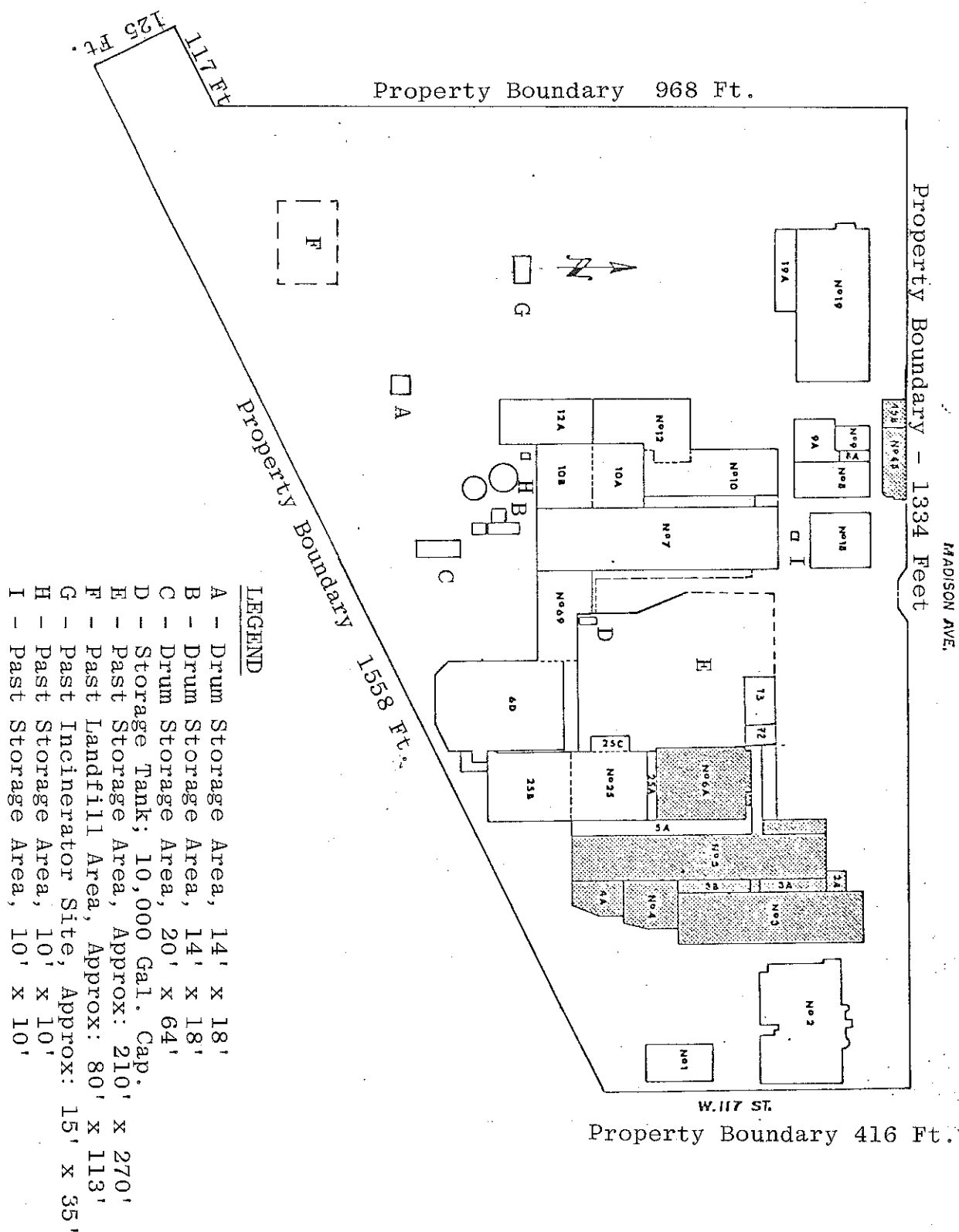
210

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="12">I. EPA I.D. NUMBER</th> </tr> <tr> <td colspan="12" style="text-align: center;"> <div style="display: flex; justify-content: space-between;"> FOH D 0 4 1 6 7 3 8 3 2 1 0 </div> </td> </tr> </table>	I. EPA I.D. NUMBER												<div style="display: flex; justify-content: space-between;"> FOH D 0 4 1 6 7 3 8 3 2 1 0 </div>											
I. EPA I.D. NUMBER																										
<div style="display: flex; justify-content: space-between;"> FOH D 0 4 1 6 7 3 8 3 2 1 0 </div>																										
LABEL ITEMS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 40px;">I. EPA I.D. NUMBER</td></tr> <tr><td style="height: 40px;">III. FACILITY NAME</td></tr> <tr><td style="height: 40px;">V. FACILITY MAILING ADDRESS</td></tr> <tr><td style="height: 40px;">VI. FACILITY LOCATION</td></tr> </table>		I. EPA I.D. NUMBER	III. FACILITY NAME	V. FACILITY MAILING ADDRESS	VI. FACILITY LOCATION	<div style="border: 1px solid black; padding: 20px; min-height: 150px;"> PLEASE PLACE LABEL IN THIS SPACE </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>																		
I. EPA I.D. NUMBER																										
III. FACILITY NAME																										
V. FACILITY MAILING ADDRESS																										
VI. FACILITY LOCATION																										

II. POLLUTANT CHARACTERISTICS													
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.													
SPECIFIC QUESTIONS				MARK 'X' FORM ATTACHED			SPECIFIC QUESTIONS				MARK 'X' FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)				YES	NO	FORM ATTACHED
				15	16	17					18	19	20
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				21	22	23	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)				24	25	26
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				27	28	29	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)				30	31	32
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				33	34	35	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)				36	37	38
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				39	40	41	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				42	43	44
				45	46	47					48	49	50

III. NAME OF FACILITY											
<div style="display: flex; justify-content: space-between;"> 1 SKIP UNION CARBIDE CORP. - CARBON PRODUCTS DIV. </div>											
<div style="display: flex; justify-content: space-between;"> 19 16 - 29 30 49 </div>											
IV. FACILITY CONTACT											
A. NAME 2 FRYE EDWIN E.						B. PHONE (area code & no.) <div style="display: flex; justify-content: space-around;"> CHIEF PLT ENG. 2 1 6 2 2 6 2 8 2 4 </div>					
<div style="display: flex; justify-content: space-between;"> 19 16 49 </div>											
V. FACILITY MAILING ADDRESS											
A. STREET OR P.O. BOX 3 P O BOX 6087											
B. CITY OR TOWN 4 CLEVELAND											
C. STATE OH				D. ZIP CODE 44101							
<div style="display: flex; justify-content: space-between;"> 19 16 49 </div>											
VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 11709 MADISON AVE.											
B. COUNTY NAME CUYAHOGA											
C. CITY OR TOWN 6 CLEVELAND											
D. STATE OH				E. ZIP CODE 44107				F. COUNTY CODE (if known) 035			
<div style="display: flex; justify-content: space-between;"> 19 16 49 </div>											

216



ATTACHMENT I

210

UNION CARBIDE CORPORATION
Carbon Products Division
11709 Madison Avenue
P. O. Box 6087
Cleveland, Ohio 44101

EPA I.D. NUMBER: OHD004167383

The following processes have been issued a Permit to Operate an Air Contaminant Source by the Ohio EPA:

<u>PROCESS</u>	<u>APPLICATION NUMBER</u>
1. GRAFOIL Forming Line	1318281215P001
2. KARBATE Machining	1318281215P002
3. Paint Spray Booth	1318281215P003
4. Boron Nitride Machining	1318281215P004
5. Boron Nitride Five Process	1318281215P006
6. Induction Furnace - HCP Powder	1318281215P007
7. Filter Line (Process Discontinued)	1318281215P008
8. KARBATE Curing Oven	1318281215P009
9. Detrex Degreaser	1318281215P010

The following processes have been issued Registration Status:

<u>PROCESS</u>	<u>APPLICATION NUMBER</u>
1. Pyrolytic Machining	1318281215R003
2. Boiler #1	1318281215B001
3. Boiler #2	1318281215B002
4. Boiler #3	1318281215B003
5. Boiler #4	1318281215B004
6. Boiler #5	1318281215B005
7. Boiler #6	1318281215B006
8. Boiler #7	1318281215B007
9. Boiler #8	1318281215B008
10. Pyrolytic Furnace Room	1318281215R005



UNION CARBIDE CORPORATION
CARBON PRODUCTS DIVISION

270 PARK AVENUE, NEW YORK, N. Y. 10017

210

November 18, 1980

Environmental Protection Agency
Region V
RCRA Activities
P. O. Box 7861
Chicago, Illinois 60680

Gentlemen:

Please find attached a Federal Permit Application for Hazardous Waste Management pursuant to the U.S. Environmental Protection Agency's Consolidated Permit Regulations and the Resource Conservation and Recovery Act of 1976 from the Cleveland, Ohio Facility of Union Carbide Corporation, Carbon Products Division.

A facility map, as called for in Item XI of Form 1, is included. Indicating the location of stormwater discharges was not considered to be required. We are currently investigating this further and if our interpretation proves incorrect, we will submit an amended map showing stormwater discharges at an early date.

Very truly yours,

A handwritten signature in cursive script, appearing to read "R. G. Russel".

R. G. Russel
Vice President & General Manager

RGR:dgh

Att.



UNION CARBIDE CORPORATION
CARBON PRODUCTS DIVISION

11709 MADISON AVENUE, CLEVELAND, OHIO 44107 • TELEPHONE: 216-433-8600

ADDRESS REPLY TO:
P. O. BOX 6087
CLEVELAND, OHIO 44101

Part A Copy

June 24, 1981

United States Environmental
Protection Agency
Region E
RCRA Activities
Post Office Box A3587
Chicago, Illinois 60690

Dear Sir:

The contact for RCRA activities at our location has changed from: Mr. Lee Allsion, Chief Plant Engineer, to: Mr. Gordon Roberts, Chief Plant Engineer.

Mr. Roberts has assumed the duties of Mr. Allison who was transferred to another location.

If you could make this change to your mailing list, we would be most appreciative. Our location ID Number is: OHD004167383. All other information remains the same.

OK

Sincerely,

Calvin C. Frye

E. E. Frye

EEF:kcl

cc: GRR
REN

SUB. NOT.

JUL 01 1981

JUL 1 1981





UNION CARBIDE CORPORATION
CARBON PRODUCTS DIVISION

11709 MADISON AVENUE, CLEVELAND, OHIO 44107 • TELEPHONE: 216 - 433-8600

ADDRESS REPLY TO:
P. O. BOX 6087
CLEVELAND, OHIO 44101

June 24, 1981

United States Environmental
Protection Agency
Region E
RCRA Activities
Post Office Box A3587
Chicago, Illinois 60690

Dear Sir:

The contact for RCRA activities at our location has changed from: Mr. Lee Allison, Chief Plant Engineer, to: Mr. Gordon Roberts, Chief Plant Engineer.

Mr. Roberts has assumed the duties of Mr. Allison who was transferred to another location.

If you could make this change to your mailing list, we would be most appreciative. Our location ID Number is: OHD004167383. All other information remains the same.

OK

Sincerely,

E. E. Frye

EEF:kcl

cc: GRR
REN

SUB. NOT.

JUL 01 1981

JUL 1 1981